



2020-2021 CHANGE OF INCOME REVIEW FORM

Complete this form if you and/or your spouse or parents anticipate your 2020 income to be less than the 2018 income reported on the 2020-2021 FAFSA. Additional documentation will be reviewed to reevaluate financial aid eligibility. This form is *not* to be used as a request for additional funding.

Complete and return this form to the Office of Financial Aid & Student Employment with a personal statement and supporting documentation pertaining to the household change of income.

Documents include, but are not limited to: Federal 2018 & 2019 Tax Return forms (signed), most recent paystub, unemployment benefits, untaxed income - social security, pension, child support received/paid, public assistance.

Note: Upon receipt of all required documentation, please allow 14 business days for processing.

Instructions: Complete the questions below and income information chart for the **2020** calendar year using your best estimates if actual figures are not available. Enter a “0” and “NA” in any category that is not applicable.

Student Name: _____ **Student ID:** _____

Check one:

- I am completing this form for anticipated changes in **student** income for the 2020 year.
- I am completing this form for anticipated changes in **parent/spouse** income for the 2020 year.

Parent/Spouse Name: _____

1. Reason for change in income:

- Retirement New/Change in employment Loss/Termination of employment
- COVID-19 Related (please explain in statement) Other: _____

2. Change of income effective date: _____

Please use the space below to explain your current circumstances and provide information regarding the household change of income. If additional space is required, please attach a separate document.

2020 Income Source	Student	Parent 1 or Spouse (if applicable)	Parent 2	Total
Year to date earned income	\$	\$	\$	\$
Anticipated earnings for remainder of year	\$	\$	\$	\$
Severance pay or accumulated leave during 2020	\$	\$	\$	\$
Unemployment compensation during 2020	\$	\$	\$	\$
Income from retirement, annuity pension, or social security during 2020	\$	\$	\$	\$
Untaxed income/benefits during 2020	\$	\$	\$	\$
Total 2020 Income (add all sources above)	\$	\$	\$	\$

I (we) certify that the information provided here is complete and accurate to the best of my (our) knowledge.
I (we) agree to provide further validation of these estimates, if requested.

** Please remember to include all supporting documentation as applicable (*see list on page 1*). **

Student Signature: _____ **Date:** _____

Parent/Spouse Signature: _____ **Date:** _____

Please mask any sensitive information (e.g., xxx-xx-1234) and scan/email to wcsufinancialaid@wcsu.edu.